



FEB 26 2004

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/755,498
		Filing Date	January 5, 2001
		First Named Inventor	Michael Yip
		Art Unit	2155
		Examiner Name	Y.N. Won
Total Number of Pages in This Submission	6	Attorney Docket Number	2717P030

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Request for Refund	<div style="border: 1px solid black; padding: 5px;"> - check in the amount of \$330.00 - return postcard </div>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Lisa Tom, Reg. No. 52,291 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	February 24, 2004

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Annie G. Pearson		
Signature		Date	February 24, 2004



EE TRANSMITTAL for FY 2004

Effective 01/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 330.00)

Complete If Known

Application Number	09/755,498
Filing Date	January 5, 2001
First Named Inventor	Michael Yip
Examiner Name	Y.N. Won
Art Unit	2155
Attorney Docket No.	2717P030

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None
 Deposit Account

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)			

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
	24*	= <input type="text"/>	X <input type="text"/> = <input type="text"/>
Independent Claims	5	= <input type="text"/>	X <input type="text"/> = <input type="text"/>
Multiple Dependent			

Large Entity

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple Dependent claim, if not paid	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)			

**or number previously paid, if greater. For Reissues, see below

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65 Surcharge - late filing fee or oath
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130 Non-English specification
1812	2,520	1812	2,520 For filing a request for ex parte reexamination
1804	920*	1804	920 * Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840 * Requesting publication of SIR after Examiner action
1251	110	2251	55 Extension for reply within first month
1252	420	2252	210 Extension for reply within second month
1253	950	2253	475 Extension for reply within third month
1254	1,480	2254	740 Extension for reply within fourth month
1255	1,210	2255	605 Extension for reply within fifth month
1404	330	2401	165 Notice of Appeal
1402	330	2402	165 Filing a brief in support of an appeal
1403	290	2403	145 Request for oral hearing
1451	1,510	2451	1,510 Petition to institute a public use proceeding
1452	110	2452	55 Petition to revive - unavoidable
1453	1,330	2453	665 Petition to revive - unintentional
1501	1,330	2501	665 Utility issue fee (or reissue)
1502	480	2502	240 Design issue fee
1503	640	2503	320 Plant issue fee
1460	130	2460	130 Petitions to the Commissioner
1807	50	1807	50 Processing fee under 37 CFR 1.17(q)
1806	180	1806	180 Submission of Information Disclosure Stmt
8021	40	8021	40 Recording each patent assignment per property (times number of properties)
1809	770	1809	385 Filing a submission after final rejection (37 CFR § 1.129(a))
1810	770	2810	385 For each additional invention to be examined (37 CFR § 1.129(b))
1801	770	2801	385 Request for Continued Examination (RCE)
1802	900	1802	900 Request for expedited examination of a design application
Other fee (specify)			
SUBTOTAL (3)		(\$)	330.00

* Reduced by Basic Filing Fee Paid

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SUBMITTED BY

Name (Print/Type)	Lisa Tom	Registration No. (Attorney/Agent)	52,291	Telephone	(503) 684-6200
Signature				Date	02/24/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 02/10/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



AF
2155

#25
LDT
3-5-04

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 2717P030						
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p>February 24, 2004</p> <p>Signature <u>Annie Pearson</u></p> <p>Typed or printed name <u>Annie G. Pearson</u></p>		<p>In re Application of Michael Yip</p> <table border="1"><tr><td>Application Number 09/755,498</td><td>Filed 01/05/2001</td></tr><tr><td colspan="2">For METHOD AND SYSTEM TO AGGREGATE</td></tr><tr><td>Art Unit 2155</td><td>Examiner Y.N. Won</td></tr></table>	Application Number 09/755,498	Filed 01/05/2001	For METHOD AND SYSTEM TO AGGREGATE		Art Unit 2155	Examiner Y.N. Won
Application Number 09/755,498	Filed 01/05/2001							
For METHOD AND SYSTEM TO AGGREGATE								
Art Unit 2155	Examiner Y.N. Won							
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p>								
<p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) <u>\$330.00</u></p>								
<p><input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u> </u></p>								
<p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p>								
<p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of the fee transmittal.</p>								
<p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2666</u>. I have enclosed a duplicate copy of the fee transmittal.</p>								
<p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p>								
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.</p>								
<p>I am the</p>								
<p><input type="checkbox"/> applicant/inventor.</p>								
<p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p>								
<p><input checked="" type="checkbox"/> attorney or agent of record.</p>								
<p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u> </u></p>								
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>								
<p><input type="checkbox"/> *Total of <u> </u> forms are submitted.</p>								

Based on PTO/SB/31 (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (wir) 09/11/2003.
SEND TO: Mail Stop Appeal, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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